

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07065

1. Entity Name
FIRST UNITARIAN UNIVERSALIST CONGREGATION OF
THE PALM BEACHES, INC.



Principal Place of Business
635 PROSPERITY FARMS RD.
N.PALM BCH., FL 33408

Mailing Address
635 PROSPERITY FARMS RD.
N.PALM BCH., FL 33408

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 050 ****61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6162395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWE, ROBERT C
635 PROSPERITY FARMS RD
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name HUBER, BONNIE B.
Street Address (P.O. Box Number is Not Acceptable)
635 PROSPERITY FARMS RD
City NORTH PALM BEACH FL 33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonnie Huber, Treas. BONNIE HUBER, TREAS. 7/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHMORE, ROBERT	
STREET ADDRESS	126 LIGHTHOUSE DR	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, BETTY	
STREET ADDRESS	7210 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUEN, HENRY	
STREET ADDRESS	12852 150 COURT N	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, JAMES	
STREET ADDRESS	216 TALL OAKS CIR	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARY, REBECCA G	
STREET ADDRESS	516 OLIVE TREE CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BUDDUG, MAIR	
STREET ADDRESS	531 DATE PALM DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33403	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAUBER, LARRY	
STREET ADDRESS	175 CAPE POINTE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, WENDY	
STREET ADDRESS	284 MARLBERRY CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMYTH, TRISH	
STREET ADDRESS	536 ANCHORAGE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBER, BONNIE	
STREET ADDRESS	2231 POINCIANA DR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATZFELD BARBARA	
STREET ADDRESS	319 CLUB DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, WAYNE	
STREET ADDRESS	4819 CENTER STREET	
CITY-ST-ZIP	JUPITER, FL 33458	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie B. Huber 7/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-627-6105